

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

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1. Agency Name <u>City of San Jose</u>		Date Stamp <u>2018 FEB 22 PM 1:20</u>	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>Council District 9</u>			
Designated Agency Contact (Name, Title) <u>Donald Rocha, Councilmember</u>			
Area Code/Phone Number <u>408 535-4909</u>	E-mail <u>district 9 @sanjose-ca.gov</u>	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
		Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☐ No ☒ Face Value of Each Ticket/Pass \$ 86.00 / 225.50

Event Description: Sharks game Date(s) 2/18/18  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: San Jose Arena Authority  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Rocha, Donald  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<u>Hughes, Scott</u>	<u>1</u>	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>San Jose Burn Foundation</u>	<u>23</u>	

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Donald Rocha Councilmember 2/21/18  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_